# **Application Data Sheet**

# **Application Information**

Application Type::

Subject Matter::

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R::

Regular

Utility

128/200

None

Title:: Method and Apparatus for Determining Cardiac

Output

2 Attorney Docket Number:: Request for Early Publication?:: No Request for Non-Publication?:: No Suggested Drawing Figure:: 11 Total Drawing Sheets:: 9 Small Entity?:: No No Petition included?:: Secrecy Order in Parent Appln.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Eric W Family Name:: Starr

City of Residence::

State or Province of Residence::

Allison Park
Pennsylvania

Country of Residence:: US

Street of mailing address:: 3135 West Wind Drive

City of mailing address::

State or Province of mailing address::

Allison Park
Pennsylvania

Country of mailing address:: US
Postal or Zip Code of mailing address:: 15101

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status::

Given Name::

Mouhyieldin

Family Name:: Kandis
City of Residence:: Haledon
State or Province of Residence:: New Jersey

Country of Residence:: US

Street of mailing address::

14 Ford Road

City of mailing address::

Haledon

State or Province of mailing address::

New Jersey

Country of mailing address::

US

Postal or Zip Code of mailing address::

07508

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Bernard

Family Name::

Pennock

City of Residence::

Oakmont

State or Province of Residence::

Pennsylvania

Country of Residence::

Street of mailing address::

101 Washington Avenue #221

City of mailing address:: State or Province of mailing address::

Oakmont Pennsylvania

Country of mailing address::

US

Postal or Zip Code of mailing address::

15139

# **Correspondence Information**

Correspondence Customer Number::

30031

#### Representative Information

Representative Customer Number::

30031

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
This Application	Continuation of	10/172,271	06/14/02
10/172,271	Continuation of	09/691,595	10/18/00
09/691,595	Non-Provisional of	60/161,120	10/22/99

# **Assignee Information**

Assignee name::

Respironics, Inc.

Street of mailing address::

1010 Murry Ridge Lane

City of mailing address::

Murrysville

Pennsylvania

Country of mailing address::

US

Postal or Zip Code of mailing address::

State or Province of mailing address::

15668-8525